MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 936922 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51							
2						1	52					~		
3						1	53							
4						1	54							
5						1	55							
6						1	56							
7							57							
8		7				1	58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17	1					1	67							
18						1	68							
19							69							
20						1	70							
21						1	71							
22							72							
23						1	73							
24						1	74							
25						1	75							
26		9				1	76							
27	1						77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36		9					86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		5		3		TOTAL IND.							
TOTAL DEP.	55		31		12		TOTAL DEP.							
TOTAL CLAIMS	60		36		15		TOTAL CLAIMS							

FTO-1360 (3-78)